

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>9/30/99</u>		2 Serial/Patent # <u>09/365241</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>1,480</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other <small>Ref: 10 12 177AR 0011401300</small>			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>740</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		9 <u>02--4800</u>	
11 REFUND REQUESTED BY: <u>Annette Rivers</u>			
TYPED/PRINTED NAME: <u>Annette Rivers</u>		TITLE: _____	
SIGNATURE: <u>Annette Rivers</u>		PHONE: _____	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**